

## HISTORY FACILITY PROFILE

FIRST CHOICE HOME HEALTH  
1365 WEST 1250 SOUTH  
OREM UT 84058  
STATE'S REGION CODE: 001

PROVIDER #: 467103  
PHONE NUMBER: (801) 434-4100  
PARTICIPATION DATE: 05/01/1996

TYPE ACTION: RECERTIFICATION  
TYPE FACILITY: OFFICIAL HEALTH  
TYPE OWNERSHIP: PROPRIETARY

COMPLIANCE STATUS: FACILITY MEETS REQUIREMENTS BASED ON AN ACCEPTABLE PLAN OF CORRECTION

## CURRENT SURVEY REVISIT DATES -

PRIOR 3 SURVEY	PRIOR 2 SURVEY	PRIOR 1 SURVEY	CURRENT SURVEY	PLAN/DATE OF CORRECTION
08/1999	07/2000	06/2001	06/13/2002	

## PROGRAM REQUIREMENTS

X		STD	G0104-PATIENT HAS RIGHT TO EXERCISE RIGHTS AS PATIENT OF HHA
X		STD	G0107-HHA INVESTIGATION OF COMPLAINTS REGARDING TREATMENT/CARE
	X C	COP	* G0122-ORGANIZATION, SERVICES, AND ADMINISTRATION
	X C	STD	G0133-ADMINISTRATOR ORGANIZES, DIRECTS AGENCY FUNCTIONS
	X C	COP	* G0156-ACCEPTANCE OF PATIENTS, PLAN OF CARE, & MEDICAL SUPERVISI
	X C	STD	G0157-PATIENTS ACCEPTED ON EXPECTATION THAT NEEDS CAN BE MET AT
	X C	STD	G0158-WRITTEN PLAN OF CARE ESTABLISHED & PERIODICALLY REVIEWED
	X C	STD	G0159-PLAN OF CARE COVERS DIAGNOSES, REQUIRED SERVICES, VISITS,
	X C	COP	* G0168-SKILLED NURSING SERVICES
	X C	STD	G0170-SKILLED NURSING SERVICES FURNISHED IN ACCORDANCE WITH PLA
X		STD	G0172-RN REGULARLY REEVALUATES PATIENT NURSING NEEDS
X		STD	G0173-RN INITIATES PLAN OF CARE & NECESSARY REVISIONS
	X C	STD	G0175-RN INITIATES APPROPRIATE PREVENTIVE/REHABILITATIVE NURSIN
X		STD	G0177-RN COUNSELS PATIENT/FAMILY IN MEETING NURSING/RELATED NEE
	X	STD	G0236-RECORD WITH PAST/CURRENT FINDINGS MAINTAINED FOR ALL PATI

TYPE OF DEFICIENCY	CURRENT SURVEY	PRIOR 1 SURVEY	PRIOR 2 SURVEY	PRIOR 3 SURVEY
CONDITION	3	0	0	0
STANDARD	6	2	1	3
REGIONAL OFFICE FLAG (INCLUDES COPS)	3	0	0	0
HEALTH TOTAL	9	2	1	3

STATUS OF DEFICIENT COPS  
CURRENT SURVEY

	DEFICIENCY NOT CORRECTED	DEFICIENCY CORRECTED AFTER APPROVAL	REPEAT COP DEFICIENCY
COP	0	3	0

## COMPLAINT SURVEY INFORMATION

SURVEY DATE	STATUS
06/13/2001	SUBSTANTIATED
08/22/2002	SUBSTANTIATED

## FMS SURVEY INFORMATION

\* NO FMS SURVEYS FOR THIS FACILITY

C=DATE OF CORRECTION    N=NO DATE GIVEN    P=PLAN OF CORRECTION    R=REFUSED TO CORRECT    W=WAIVED    F=FSSES    X=DEFICIENT  
COP = CONDITION    REQ = REQUIREMENT